

PART B - FEE(S) TRANSMITTAL

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7590 01/02/2008

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Electronically Submitted via EFS-Web

Date: March 6, 2008

I hereby certify that this paper is being electronically submitted on the date indicated above to the Commissioner for Patents, U.S. Patent & Trademark Office

By Jane Massey Licata
Typed Name: Jane Massey Licata, Reg. No. 32,257

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/820,380	04/07/2004	Ira B. Black	UMD-0024	7651

TITLE OF INVENTION: MULTI-LINEAGE DIRECTED INDUCTION OF BONE MARROW STROMAL CELL DIFFERENTIATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$720	\$300	\$0	\$1020	04/02/2008
EXAMINER	ART UNIT	CLASS-SUBCLASS				
HAMA, JOANNE	1632	435-377000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Licata & Tyrrell PC
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

University of Medicine and Dentistry of New Jersey

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Somerset, New Jersey

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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A check is enclosed.
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1619 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Jane Massey Licata

Date March 6, 2008

Typed or printed name Jane Massey Licata

Registration No. 32,257

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